Exhibit A

(Corrected) Discovery Pool
Profile Form

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA
SOUTHERN DIVISION
No. [ ]:[ ][ ]-cv-[ ][ ][ ][ ][ ]-[ ][ ]

IN RE: CAMP LEJEUNE WATER LITIGATION

_____/

THIS DOCUMENT RELATES TO:

DISCOVERY POOL PROFILE FORM

XXXXXX	X	XXXXXX	XX
Plaintiff First	Middle	Last	Suffix

In completing this Discovery Pool Profile Form ("DPPF"), you must provide information that is true and accurate to the best of your knowledge. In completing this DPPF, you are under oath and subject to the penalties of perjury. The DPPF shall be completed pursuant to the September 26, 2023 *Case Management Order No. 2*. [D.E. 23]. Plaintiff reserves the right to supplement all responses. For each question where the space provided does not allow for a complete answer, please attach additional sheets so that all answers are complete. Please answer each question and do not leave any blanks. If appropriate, you may respond in good faith that you do not know or do not recall. If you do not know or do not recall the information requested, please provide as much information as you can. All aspects of this DPPF are designated as "Confidential Information" and covered by the Protective Order, [D.E. 36].

I. CLAIMANT INFORMATION

1. What is the DON Claim Number for the administrative claim (Short Form Complaint, Box 30)? *E.g., CLS23-123456*	[ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ] ☐ DON has not yet assigned a claim number
2. Who is completing this Discovery Pool Profile Form?	☐ Plaintiff or Plaintiff's Agent ☐ Attorney for Plaintiff or Attorney for Plaintiff's Agent
If this Discovery Pool Profile Form is being completed by an attorney, please identify the attorney:	
3. Attorney first name	
4. Attorney last name	
5. Law firm name	
6. Attorney address line 1	
7. Attorney address line 2	
8. Attorney city	
9. Attorney state (abbrev.)	[ ][ ]
10. Attorney zip code	[ ][ ][ ][ ][ ]
11. Attorney phone	([ ][ ][ ]) [ ][ ][ ] – [ ][ ][ ][ ]
12. Attorney email	
Resume universal questions	
13. What is the case number? *E.g.,* 7:23-cv-12345	[ ]:[ ][ ]-cv-[ ][ ][ ][ ][ ]
14. Which District Judge is assigned to the case?	☐ Hon. Richard E. Myers II ☐ Hon. Terrence W. Boyle ☐ Hon. Louise W. Flanagan ☐ Hon. James C. Dever III
15. Please identify any other names the Plaintiff has used, if different from that in the case caption (e.g., maiden name).	
16. Please identify the Plaintiff's Social Security Number.	[ ][ ][ ]-[ ][ ]-[ ][ ][ ][ ]
17. Please identify the Plaintiff's date of birth.	_____ MM/DD/YYYY
18. Please identify the Plaintiff's last known address:	

18a. Street Address	18b. Town	18c. State (abbrev.)	18d. Year residence began (YYYY)

19. If the Plaintiff began residing at the above address *after* 2020, please identify the next most recent address:			
19a. Street Address	19b. Town	19c. State (abbrev.)	19d. Year residence began (YYYY)

20. **On your Short Form Complaint**, did you assert a claim for injuries to YOU or to SOMEONE ELSE you legally represent? (Box 1)	☐ To Me ☐ Someone Else

If you assert a claim for injuries to SOMEONE ELSE, please describe your representation of that person:	
21. What is the nature of the representative's representation?	☐ Estate Administrator/trix ☐ Guardianship ☐ Conservatorship ☐ Power of attorney ☐ Other: _____
22. Has a court appointed you as the claimant's representative?	☐ Yes ☐ No
23. If yes, please describe your appointment:	

23a. Court Name	23b. Court State (abbrev.)	23c. Date of appointment

Resume universal questions	
24. **On your Short Form Complaint**, did you assert that the Plaintiff is deceased? (Box 7)	☐ Yes ☐ No
If the Plaintiff is deceased:	
25. How many dependents, if any, did Plaintiff have at the time of Plaintiff's death?	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐ I do not know/do not recall
26. Please identify Plaintiff's spouse and children at the time of death. If none, check here: ☐ No Spouse or Children at time of death	

26a. First name	26b. Middle Name	26c. Last name	26d. Suffix	26e. Relationship to Plaintiff	26f. Year of birth
☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ Child ☐ Spouse ☐ Other: _____	_____ YYYY ☐ I do not know/do not recall
☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ Child ☐ Spouse ☐ Other: _____	_____ YYYY ☐ I do not know/do not recall

☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ Child ☐ Spouse ☐ Other: ________	________ YYYY ☐ I do not know/do not recall
☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ Child ☐ Spouse ☐ Other: ________	________ YYYY ☐ I do not know/do not recall
☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ Child ☐ Spouse ☐ Other: ________	________ YYYY ☐ I do not know/do not recall

II. MILITARY SERVICE & DEPENDENT MEDICAL

a) Military service

Resume universal questions	
27. Has Plaintiff *ever* served in a branch of the U.S. military?	☐ Yes ☐ No ☐ I do not know/do not recall
If the Plaintiff has previously served in the U.S. military:	
28. Did the Plaintiff's service **overlap** with any of the following conflict periods?	☐ WWI ☐ WWII ☐ Korea ☐ Vietnam ☐ Persian Gulf ☐ Other: ______________ ☐ I do not know/do not recall ☐ N/A (e.g., only served during peacetime)

29. What was the Plaintiff's service number?	________________ ☐ N/A (e.g., service after 1970) ☐ I do not know/do not recall
30. For each period of service, please identify:	

30a. Service Branch	30b. Year service began	30c. Year service ended	30d. Officer or Enlisted
☐ Marine Corps ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard	________ YYYY ☐ I do not know/do not recall	________ YYYY ☐ I do not know/do not recall	☐ Officer ☐ Enlisted ☐ Both ☐ I do not know/do not recall
☐ Marine Corps ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard	________ YYYY ☐ I do not know/do not recall	________ YYYY ☐ I do not know/do not recall	☐ Officer ☐ Enlisted ☐ Both ☐ I do not know/do not recall
☐ Marine Corps ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard	________ YYYY ☐ I do not know/do not recall	________ YYYY ☐ I do not know/do not recall	☐ Officer ☐ Enlisted ☐ Both ☐ I do not know/do not recall
☐ Marine Corps ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard	________ YYYY ☐ I do not know/do not recall	________ YYYY ☐ I do not know/do not recall	☐ Officer ☐ Enlisted ☐ Both ☐ I do not know/do not recall

b) Veteran and dependent medical

Resume universal questions	
31. Is/was Plaintiff a TRICARE beneficiary?	☐ Yes ☐ No ☐ I do not know/do not recall
If the Plaintiff is or was a TRICARE beneficiary:	
32. Did someone else sponsor the Plaintiff's TRICARE benefits?	☐ Yes ☐ No ☐ I do not know/do not recall
If someone else sponsored the Plaintiff's TRICARE Benefits	
33. Sponsor/Veteran First Name	
34. Sponsor/Veteran Middle Name	
35. Sponsor/Veteran Last Name	
36. Sponsor/Veteran SSN	[ ][ ][ ]-[ ][ ]-[ ][ ][ ][ ] ☐ I do not know/do not recall

37. Sponsor/Veteran Branch of Service	☐ Marine Corps ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard ☐ I do not know/do not recall
38. Claimant relationship with Sponsor/Veteran	☐ Child ☐ Spouse ☐ Mother ☐ Father ☐ Mother-in-law ☐ Mother-in-law ☐ Stepmother ☐ Stepfather ☐ Other: _____ ☐ I do not know/do not recall

Other Service/Employment

Resume universal questions		
39. On your Short Form Complaint, did you assert that the Plaintiff was a **Civilian Employee of a Private Company** at Camp Lejeune? (Box 17)	☐ Yes ☐ No	
40. [If yes] Please identify:		
40a. Plaintiff's Employer (Private Company)	40b. Date employment began	40c. Date employment ended
_____ ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall
_____ ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall
_____ ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall
41. On your Short Form Complaint, did you assert that the Plaintiff was a **Civil Service Employee** at Camp Lejeune? (Box 17)	☐ Yes ☐ No	
42. [If yes] Please identify:		
42a. Plaintiff's Employer (Agency)	42b. Date employment began	42c. Date employment ended
_____ ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall

_____ ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall
_____ ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall	_____ MM/DD/YYYY ☐ I do not know/do not recall

III. DISEASES AND ILLNESSES

Resume universal questions	
43. What diseases or injuries does the claimant assert are related to exposure to water at Camp Lejeune? (choose all that apply)	☐ Bladder cancer ☐ Kidney cancer ☐ Leukemia ☐ Non-Hodgkin's lymphoma ☐ Parkinson's disease ☐ Adverse Birth Outcomes ☐ ALS ☐ Aplastic anemia or myelodysplastic syndromes ☐ Bile duct cancer ☐ Brain/CNS cancer ☐ Breast cancer ☐ Cardiac birth defects ☐ Cervical cancer ☐ Colorectal cancer ☐ Gallbladder cancer ☐ Hepatic steatosis ☐ Hypersensitivity skin disorder ☐ Infertility ☐ Intestinal cancer ☐ Non-cancer kidney disease ☐ Leukemia ☐ Liver cancer ☐ Lung cancer ☐ Multiple myeloma ☐ Neurobehavioral effects ☐ Non-cardiac birth defects ☐ Ovarian cancer ☐ Pancreatic cancer ☐ Prostate cancer ☐ Sinus cancer ☐ Soft tissue cancer ☐ Systemic sclerosis/scleroderma ☐ Thyroid cancer ☐ Other: _____

a) Injury 1 – repeat questions for each injury asserted

44. I am completing this section as it relates to:	☐ Bladder cancer ☐ Kidney cancer ☐ Leukemia ☐ Non-Hodgkin's lymphoma ☐ Parkinson's disease ☐ Adverse Birth Outcomes ☐ ALS ☐ Aplastic anemia or myelodysplastic syndromes ☐ Bile duct cancer ☐ Brain/CNS cancer ☐ Breast cancer ☐ Cardiac birth defects ☐ Cervical cancer ☐ Colorectal cancer ☐ Gallbladder cancer ☐ Hepatic steatosis ☐ Hypersensitivity skin disorder ☐ Infertility ☐ Intestinal cancer ☐ Non-cancer kidney disease ☐ Leukemia ☐ Liver cancer ☐ Lung cancer ☐ Multiple myeloma ☐ Neurobehavioral effects ☐ Non-cardiac birth defects ☐ Ovarian cancer ☐ Pancreatic cancer ☐ Prostate cancer ☐ Sinus cancer ☐ Soft tissue cancer ☐ Systemic sclerosis/scleroderma ☐ Thyroid cancer ☐ Other: _____
45. Has a physician diagnosed the Plaintiff with this injury?	☐ Yes ☐ No ☐ I do not know/do not recall ☐ N/A
46. If yes, when was Plaintiff first diagnosed this injury?	_____ MM/DD/YYYY ☐ I do not know/do not recall ☐ N/A

47. Name of physician that first diagnosed the Plaintiff?	_____ Name ☐ I do not know/do not recall ☐ N/A
48. Name of hospital or medical group of physician:	_____ Name ☐ I do not know/do not recall ☐ N/A
49. Do you allege that this Injury caused or contributed to the Plaintiff's death?	☐ Yes ☐ No ☐ I do not know/do not recall ☐ N/A
50. List all treating physicians, name of medical group, and city, state where treatment was received. If none, check here: ☐ No treatment.	

50a. First name, if known	50b. Middle Initial, if known	50c. Last name, if known	50d. Suffix, if known	50e. Medical Group	50f. City, State	50g. Year(s) of Treatment	50h. Was this covered by TRICARE
						_____ Years ☐ I do not know/do not recall ☐ N/A	☐ Yes ☐ No ☐ I do not know/do not recall ☐ N/A

IV. EXPOSURES

Resume universal questions	
51. Please select all of the types of exposure you allege:	☐ Residential (living on-base) ☐ Occupational (working on-base) ☐ In utero ☐ Other (e.g., visiting/recreation)

52. Please select all of the areas on base in which Plaintiff lived.	☐ Tarawa Terrace (includes Tarawa Terrace I, Tarawa Terrace II, Camp Knox Trailer Park) ☐ Hadnot Point (includes Mainside barracks, French Creek, and Hospital Point) ☐ Montford Point (includes Camp Johnson) ☐ Holcomb Boulevard (includes Berkeley Manor, Midway Park, Paradise Point, Watkins Village) ☐ Courthouse Bay ☐ New River Air Station (includes MCAS New River and Camp Geiger); ☐ Onslow Beach ☐ Rifle Range ☐ Other: _____ ☐ I do not know/do not recall ☐ N/A
53. Was the Plaintiff **residing with a servicemember** during the period of exposure (e.g., parent or spouse), including in utero exposures?	☐ Yes, residing with a servicemember parent ☐ Yes, residing with a servicemember spouse ☐ Yes, residing with someone else who was a servicemember ☐ No ☐ I do not know/do not recall
54. If the Plaintiff was residing with a servicemember during the period of exposure, please identify the servicemember:	
55. Servicemember First Name	
56. Servicemember Middle Name	
57. Servicemember Last Name	
58. Servicemember SSN	[ ][ ][ ]-[ ][ ]-[ ][ ][ ][ ] ☐ I do not know/do not recall
59. Servicemember Date of Birth	_____ MM/DD/YYYY ☐ I do not know/do not recall
60. Servicemember Branch of Service	☐ Marine Corps ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard ☐ I do not know/do not recall

61. Servicemember Service Number	_____ ☐ N/A (e.g., service after 1970) ☐ I do not know/do not recall
62. Claimant relationship with Servicemember at the time of exposure.	☐ Child ☐ Spouse ☐ Mother ☐ Father ☐ Mother-in-law ☐ Mother-in-law ☐ Stepmother ☐ Stepfather ☐ Other: _____ ☐ I do not know/do not recall
Complete this section only if alleging **in utero** exposures:	
63. Please select all of the areas on base in which **Plaintiff's mother** lived when the Claimant was in utero:	☐ Tarawa Terrace (includes Tarawa Terrace I, Tarawa Terrace II, Camp Knox Trailer Park) ☐ Hadnot Point (includes Mainside barracks, French Creek, and Hospital Point) ☐ Montford Point (includes Camp Johnson) ☐ Holcomb Boulevard (includes Berkeley Manor, Midway Park, Paradise Point, Watkins Village) ☐ Courthouse Bay ☐ New River Air Station (includes MCAS New River and Camp Geiger) ☐ Onslow Beach ☐ Rifle Range ☐ Other: _____ ☐ I do not know/do not recall ☐ N/A
64. Did Plaintiff's mother work at Camp Lejeune as a **federal civilian employee** when the claimant was in utero?	☐ Yes ☐ No ☐ I do not know/do not recall
65. If yes, what was the name of the government employer?	_____ ☐ I do not know/do not recall

V. PERSONAL HISTORY

Resume universal questions	
66. Was the Plaintiff ever exposed to Agent Orange?	☐ Yes ☐ No ☐ I do not know/do not recall

67. Was the Plaintiff ever exposed to open air burn pits?	☐ Yes ☐ No ☐ I do not know/do not recall
68. Other than time spent residing at Camp Lejeune, was the Plaintiff ever employed in any of the following occupations? Check all that apply.	☐ Dry cleaning ☐ Firefighter ☐ Hairdresser/barber ☐ Metal degreasing ☐ Oil & gas ☐ Painter ☐ Road Construction ☐ Textile Manufacturing ☐ Welder ☐ None of the Above ☐ I do not know/do not recall

Add'l Personal History

Resume universal questions

69. Please identify the highest academic degree claimant attained or ☐ I do not know/do not recall.

69a. Name of institution	69b. City, State	69c. Year attendance began	69d. Year attendance ended	69e. Degree attained (e.g., B.A., M.D., Ph.D.)	69. Field of study	69g. Degree awarded?
☐ I do not know/do not recall	☐ I do not know/do not recall	_____ YYYY ☐ I do not know/do not recall	_____ YYYY ☐ I do not know/do not recall	☐ I do not know/do not recall	☐ I do not know/do not recall	☐ Yes ☐ No ☐ I do not know/do not recall

70. Did the Plaintiff ever possess an occupational certification or license?	☐ Yes ☐ No ☐ I do not know/do not recall
71. [If yes] What occupational certifications or licenses did the Plaintiff possess?	

72. Please identify all family grandparents, parents, siblings, or children of the Plaintiff who have ever been diagnosed with any of the diseases identified on the Claimant's Short Form Complaint.

72a. Name	72b. Relationship	72c. Year of birth	72d. Cancer or disease	72e. Year of diagnosis
_____ ☐ I do not know/do not recall	☐ Grandparent ☐ Parent ☐ Sibling ☐ Children ☐ Other: _____ ☐ I do not know/do not recall	_____ YYYY ☐ I do not know/do not recall	☐ Bladder cancer ☐ Kidney cancer ☐ Leukemia ☐ Non-Hodgkin's lymphoma ☐ Parkinson's disease ☐ Other: _____	_____ YYYY ☐ I do not know/do not recall

VI. ECONOMIC LOSS

Resume universal questions	
73. Are you seeking recovery for economic loss, such as out-of-pocket medical costs or lost earnings?	☐ Yes ☐ No
Following questions available only if answer to Question 73 = "Yes"	
74. Has the Plaintiff ever paid or incurred any out-of-pocket **medical expenses** (i.e. expenses not paid by your insurance company or by a government health program) related to any condition caused by exposure to water at Camp Lejeune?	☐ Yes ☐ No
75. Has the Plaintiff ever paid or incurred any out-of-pocket **non-medical expenses** (i.e. expenses not paid by your insurance company or by a government health program) related to any condition caused by exposure to water at Camp Lejeune?	☐ Yes ☐ No
76. Has an injury related to Camp Lejeune water caused the Plaintiff to be unable to work?	☐ Yes ☐ No

VII. PRIOR CLAIMS

Resume universal questions	
77. Did the Plaintiff (or someone else on the Claimant's behalf) ever file a civil litigation complaint against the United States related to contaminated water at Camp Lejeune before August 11, 2022?	☐ Yes ☐ No ☐ I do not know/do not recall
Following questions available only if answer to question 77 = "Yes"	
78. What was the caption (the title or name) of the prior litigation?	
79. In what court was the prior litigation filed?	United States District Court for the _____ District of _____
80. What was the case number?	
81. Was the case consolidated in a multi-district litigation?	☐ Yes ☐ No ☐ I do not know/do not recall
Back to universal questions	
82. Has the Plaintiff filed a bankruptcy petition since August 10, 2022?	☐ Yes ☐ No ☐ I do not know/do not recall
Following questions available only if answer to question 82 = "Yes"	
83. On what date did the Plaintiff petition for bankruptcy?	_____ MM/DD/YYYY ☐ I do not know/do not recall ☐ N/A
84. In what court did the Plaintiff file the bankruptcy petition?	United States Bankruptcy Court for the _____ District of _____
85. What is the case number for the Plaintiff's bankruptcy petition?	

Add'l Prior claims

Back to universal questions				
86. Has the Plaintiff ever filed a **disability** claim with a **state agency** for the injuries identified in the Short Form Complaint?			☐ Yes ☐ No ☐ I do not know/do not recall	
87. [If yes] Please describe the nature of the disability claim and any award:				
87a. Name of agency where claim was filed	87b. Description of claim and disability	87c. Date claim was filed	87d. Whether Plaintiff was awarded disability	87e. Amount received in disability (or $0 if none awarded)
		_____ MM/DD/YYYY ☐ I do not know/do not recall	☐ Yes ☐ No ☐ I do not know/do not recall	$_____
		_____ MM/DD/YYYY ☐ I do not know/do not recall	☐ Yes ☐ No ☐ I do not know/do not recall	$_____
		_____ MM/DD/YYYY ☐ I do not know/do not recall	☐ Yes ☐ No ☐ I do not know/do not recall	$_____
88. Did the Plaintiff (or someone else on the claimant's behalf) ever file a civil litigation complaint related to exposures to Agent Orange?			☐ Yes ☐ No ☐ I do not know/do not recall	
89. [If yes] Please identify:				
89a. Case caption	89b. Court where the litigation was filed	89c. Case number		89d. Amount of compensation received from the lawsuit (or $0 if none awarded)
				$_____
90. Did the Plaintiff (or someone else on the claimant's behalf) ever file a civil litigation complaint related to exposures to glyphosate (Round-Up)?			☐ Yes ☐ No ☐ I do not know/do not recall	
91. [If yes] Please identify:				

91a. Case caption	91b. Court where the litigation was filed	91c. Case number	91d. Amount of compensation received from the lawsuit (or $0 if none awarded)

VIII. ADDITIONAL NOTES AND COMMENTS

Question No.	**Comment**

PLAINTIFF CERTIFICATION OF DPPF

I, _____, certify that the information herein and/or supporting the attached Discovery Pool Profile Form is true and accurate to the best of my knowledge, information, and belief. I declare under penalty of perjury that the foregoing is true and correct.

_____

[Plaintiff Name]

INSERTS FOR ADDITIONAL INJURIES

a) Injury [ ] – repeat questions for each injury asserted (if needed)

92. I am completing this section as it relates to:	☐ Bladder cancer ☐ Kidney cancer ☐ Leukemia ☐ Non-Hodgkin's lymphoma ☐ Parkinson's disease ☐ Adverse Birth Outcomes ☐ ALS ☐ Aplastic anemia or myelodysplastic syndromes ☐ Bile duct cancer ☐ Brain/CNS cancer ☐ Breast cancer ☐ Cardiac birth defects ☐ Cervical cancer ☐ Colorectal cancer ☐ Gallbladder cancer ☐ Hepatic steatosis ☐ Hypersensitivity skin disorder ☐ Infertility ☐ Intestinal cancer ☐ Non-cancer kidney disease ☐ Leukemia ☐ Liver cancer ☐ Lung cancer ☐ Multiple myeloma ☐ Neurobehavioral effects ☐ Non-cardiac birth defects ☐ Ovarian cancer ☐ Pancreatic cancer ☐ Prostate cancer ☐ Sinus cancer ☐ Soft tissue cancer ☐ Systemic sclerosis/scleroderma ☐ Thyroid cancer ☐ Other: _____
93. Has a physician diagnosed the Plaintiff with this injury?	☐ Yes ☐ No ☐ I do not know/do not recall ☐ N/A
94. If yes, when was Plaintiff first diagnosed this injury?	_____ MM/DD/YYYY ☐ I do not know/do not recall ☐ N/A

95. Name of physician that first diagnosed the Plaintiff?	_____ Name ☐ I do not know/do not recall ☐ N/A
96. Name of hospital or medical group of physician:	_____ Name ☐ I do not know/do not recall ☐ N/A
97. Do you allege that this Injury caused or contributed to the Plaintiff's death?	☐ Yes ☐ No ☐ I do not know/do not recall ☐ N/A
98. List all treating physicians, name of medical group, and city, state where treatment was received. If none, check here: ☐ No treatment.	[redacted]

50a. First name, if known	50b. Middle Initial, if known	50c. Last name, if known	50d. Suffix, if known	50e. Medical Group	50f. City, State	50g. Year(s) of Treatment	50h. Was this covered by TRICARE
						_____ Years ☐ I do not know/do not recall ☐ N/A	☐ Yes ☐ No ☐ I do not know/do not recall ☐ N/A